

OFFUTT BARTON SCHLITT, LLC  
570 BEACHLAND BLVD.  
VERO BEACH, FL 32963

INDIAN RIVER COUNTY HEALTHY START  
COALITION, INC.  
1555 INDIAN RIVER BLVD B241  
VERO BEACH, FL 32960

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DRAFT

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	FURNITURE	09/10/93	SL	10.00		16	450.				450.	450.		0.	450.
2	CONFERENCE TABLE	05/06/94	SL	10.00		16	160.				160.	160.		0.	160.
3	OFFICE CHAIRS	01/09/95	SL	10.00		16	398.				398.	398.		0.	398.
4	METAL STORAGE CABINET	08/15/95	SL	10.00		16	100.				100.	100.		0.	100.
5	STORAGE CABINET	02/15/00	SL	5.00		16	329.				329.	329.		0.	329.
6	CREDIT CARD MACHINE	06/17/02	SL	5.00		16	500.				500.	500.		0.	500.
7	DELL OPTIPLEX	04/13/12	200DB	5.00	HY	17	799.				799.	399.		0.	399.
8	DELL LATITUDE 14 LAPTOP	07/07/14	SL	5.00		16	749.				749.	600.		149.	749.
9	DELL LATITUDE 14 LAPTOP	07/07/14	SL	5.00		16	749.				749.	600.		149.	749.
10	DELL LATITUDE 14 LAPTOP	07/07/14	SL	5.00		16	749.				749.	600.		149.	749.
11	DELL LATITUDE 14 LAPTOP	07/07/14	SL	5.00		16	749.				749.	600.		149.	749.
12	BIZHUB C454E COLOR PRINTER	06/24/15	SL	5.00		16	11,800.				11,800.	7,080.		2,360.	9,440.
13	SHEVLING - PAT	07/02/15	SL	7.00		16	554.				554.	237.		79.	316.
14	HEARING EQUIPMENT - PAT	07/13/15	SL	5.00		16	4,519.				4,519.	2,712.		904.	3,616.
15	MICRO-SILLA (1 OF 2 COMP)	08/07/15	SL	5.00		16	729.				729.	426.		146.	572.
16	MICRO-SILLA (2 OF 2 COMP)	08/07/15	SL	5.00		16	729.				729.	426.		146.	572.
17	COMPUTER	10/01/15	SL	5.00		16	1,758.				1,758.	968.		352.	1,320.
18	DESKS - PAT	11/02/15	SL	7.00		16	1,530.				1,530.	584.		219.	803.

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	DESKS - CC	11/02/15	SL	7.00		16	1,020.				1,020.	389.		146.	535.
20	ED COMPUTER	11/27/15	SL	5.00		16	1,399.				1,399.	723.		280.	1,003.
21	FURNITURE SUITE O	01/28/16	SL	7.00		16	1,238.				1,238.	428.		177.	605.
22	FRONT OFFICE DESK	05/05/16	SL	7.00		16	2,380.				2,380.	737.		340.	1,077.
23	COMPUTER	05/16/16	SL	5.00		16	1,758.				1,758.	733.		352.	1,085.
24	KRISTEN COMPUTER	05/16/16	SL	5.00		16	938.				938.	392.		188.	580.
25	PROJECTOR	06/09/16	SL	5.00		16	700.				700.	292.		140.	432.
26	CARE COORDINATION PAINTING	11/04/15	SL	7.00		16	600.				600.	229.		86.	315.
27	NEW FLOORING	06/26/17	SL	39.00	MM	16	10,220.				10,220.	262.		262.	524.
28	NEW OFFICE FURNITURE	06/28/17	SL	7.00		16	1,500.				1,500.	214.		214.	428.
29	DELL LATITUDE 14 LAPTOP #1	09/01/16	SL	5.00		16	424.				424.	156.		85.	241.
30	DELL LATITUDE 14 LAPTOP #2	09/01/16	SL	5.00		16	424.				424.	156.		85.	241.
31	DELL LATITUDE 14 LAPTOP #3	09/01/16	SL	5.00		16	424.				424.	156.		85.	241.
32	DELL LATITUDE 14 LAPTOP #4	09/01/16	SL	5.00		16	424.				424.	156.		85.	241.
33	HP DESKTOP COMPUTER	07/01/16	SL	5.00		16	580.				580.	232.		116.	348.
34	DELL DESKTOP COMPUTER	07/01/16	SL	5.00		16	747.				747.	298.		149.	447.
35	DELL DESKTOP COMPUTER	07/01/16	SL	5.00		16	747.				747.	298.		149.	447.
36	BUSH BUSINESS FURN-WORKSTATION	07/01/16	SL	7.00		16	1,147.				1,147.	328.		164.	492.

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	BUSH BUSINESS FURN-WORKSTATION	07/01/16	SL	7.00		16	1,147.				1,147.	328.		164.	492.
38	DELL OPTIPLEX COMPUTER	07/01/16	SL	5.00		16	850.				850.	340.		170.	510.
39	DELL DESKTOP COMPUTER	07/01/16	SL	5.00		16	850.				850.	340.		170.	510.
40	BUILDING SIGN	09/27/17	SL	40.00		16	1,975.				1,975.	37.		49.	86.
41	COMM. ROOM FURNITURE	12/13/17	SL	10.00		16	2,414.				2,414.	141.		241.	382.
42	B241 OFFICE REPAIRS	07/19/17	SL	40.00		16	4,755.				4,755.	109.		119.	228.
43	AC	07/19/17	SL	40.00		16	1,585.				1,585.	36.		40.	76.
44	65" FLAT SCREEN TV	08/06/18	SL	5.00		16	780.				780.			143.	143.
45	LEASEHOLD IMPROVEMENTS	08/01/18	SL	39.00		16	65,265.				65,265.			1,464.	1,464.
46	LEASEHOLD IMPROVEMENTS	10/31/18	SL	39.00		16	7,600.				7,600.			130.	130.
47	NEW FLOORING	12/21/18	SL	39.00		16	4,783.				4,783.			61.	61.
48	NEW COMPUTERS	06/28/19	SL	5.00		16	8,193.				8,193.			0.	
49	IPADS (4)	06/28/19	SL	5.00		16	3,712.				3,712.			0.	
50	SURFACE LAPTOPS (2)	06/28/19	SL	5.00		16	2,336.				2,336.			0.	
51	SURFACE BOOKS (3)	06/28/19	SL	5.00		16	5,124.				5,124.			0.	
	* TOTAL 990 PAGE 10 DEPR						165,390.				165,390.	24,679.		10,656.	35,335.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						67,597.			0.	67,597.	24,679.			33,537.

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ACQUISITIONS						97,793.			0.	97,793.	0.			1,798.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						165,390.			0.	165,390.	24,679.			35,335.
	ENDING ACCUM DEPR											35,335.			
	ENDING BOOK VALUE											130,055.			

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2018 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - INDIAN RIVER COUNTY HEALTHY START  
COALITION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	FURNITURE	091093	SL	10.00	16	450.			450.	450.		0.
2	CONFERENCE TABLE	050694	SL	10.00	16	160.			160.	160.		0.
3	OFFICE CHAIRS	010995	SL	10.00	16	398.			398.	398.		0.
4	METAL STORAGE CABINET	081595	SL	10.00	16	100.			100.	100.		0.
5	STORAGE CABINET	021500	SL	5.00	16	329.			329.	329.		0.
6	CREDIT CARD MACHINE	061702	SL	5.00	16	500.			500.	500.		0.
7	DELL OPTIPLEX	041312	200DB	5.00	17	799.			799.	399.		0.
8	DELL LATITUDE 14 LAPTOP	070714	SL	5.00	16	749.			749.	600.		149.
9	DELL LATITUDE 14 LAPTOP	070714	SL	5.00	16	749.			749.	600.		149.
10	DELL LATITUDE 14 LAPTOP	070714	SL	5.00	16	749.			749.	600.		149.
11	DELL LATITUDE 14 LAPTOP	070714	SL	5.00	16	749.			749.	600.		149.
12	BIZHUB C454E COLOR PRINTER	062415	SL	5.00	16	11,800.			11,800.	7,080.		2,360.
13	SHEVLING - PAT HEARING EQUIPMENT -	070215	SL	7.00	16	554.			554.	237.		79.
14	PAT	071315	SL	5.00	16	4,519.			4,519.	2,712.		904.
15	MICRO-SILLA (1 OF 2 COMP)	080715	SL	5.00	16	729.			729.	426.		146.
16	MICRO-SILLA (2 OF 2 COMP)	080715	SL	5.00	16	729.			729.	426.		146.
17	COMPUTER	100115	SL	5.00	16	1,758.			1,758.	968.		352.
18	DESKS - PAT	110215	SL	7.00	16	1,530.			1,530.	584.		219.

2018 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - INDIAN RIVER COUNTY HEALTHY START  
COALITION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	DESKS - CC	110215	SL	7.00	16	1,020.			1,020.	389.		146.
20	ED COMPUTER	112715	SL	5.00	16	1,399.			1,399.	723.		280.
21	FURNITURE SUITE O	012816	SL	7.00	16	1,238.			1,238.	428.		177.
22	FRONT OFFICE DESK	050516	SL	7.00	16	2,380.			2,380.	737.		340.
23	COMPUTER	051616	SL	5.00	16	1,758.			1,758.	733.		352.
24	KRISTEN COMPUTER	051616	SL	5.00	16	938.			938.	392.		188.
25	PROJECTOR	060916	SL	5.00	16	700.			700.	292.		140.
26	CARE COORDINATION PAINTING	110415	SL	7.00	16	600.			600.	229.		86.
27	NEW FLOORING	062617	SL	39.00	16	10,220.			10,220.	262.		262.
28	NEW OFFICE FURNITURE	062817	SL	7.00	16	1,500.			1,500.	214.		214.
29	DELL LATITUDE 14 LAPTOP #1	090116	SL	5.00	16	424.			424.	156.		85.
30	DELL LATITUDE 14 LAPTOP #2	090116	SL	5.00	16	424.			424.	156.		85.
31	DELL LATITUDE 14 LAPTOP #3	090116	SL	5.00	16	424.			424.	156.		85.
32	DELL LATITUDE 14 LAPTOP #4	090116	SL	5.00	16	424.			424.	156.		85.
33	HP DESKTOP COMPUTER	070116	SL	5.00	16	580.			580.	232.		116.
34	DELL DESKTOP COMPUTER	070116	SL	5.00	16	747.			747.	298.		149.
35	DELL DESKTOP COMPUTER	070116	SL	5.00	16	747.			747.	298.		149.
36	BUSH BUSINESS FURN-WORKSTATION	070116	SL	7.00	16	1,147.			1,147.	328.		164.

2018 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - INDIAN RIVER COUNTY HEALTHY START  
COALITION, INC.

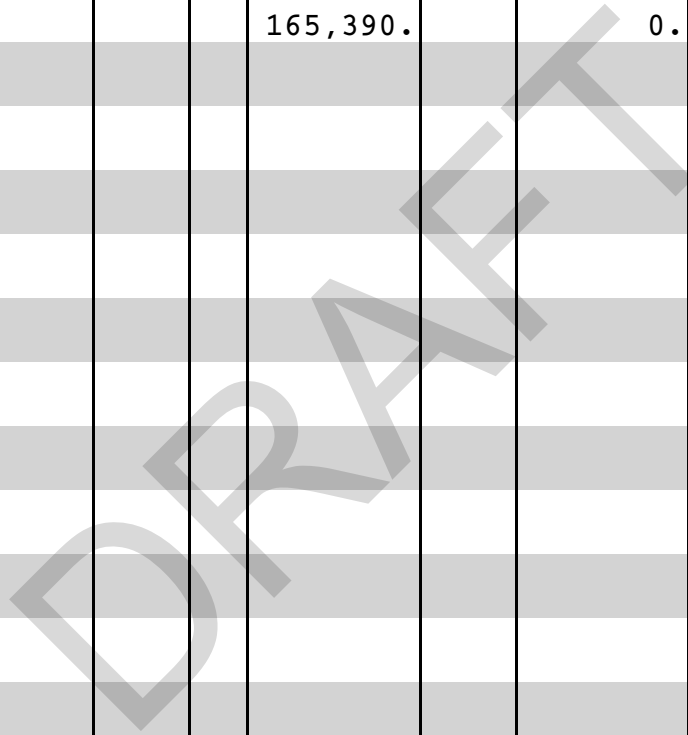
Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	BUSH BUSINESS FURN-WORKSTATION	070116	SL	7.00	16	1,147.			1,147.	328.		164.
38	DELL OPTIPLEX COMPUTER	070116	SL	5.00	16	850.			850.	340.		170.
39	DELL DESKTOP COMPUTER	070116	SL	5.00	16	850.			850.	340.		170.
40	BUILDING SIGN COMM. ROOM	092717	SL	40.00	16	1,975.			1,975.	37.		49.
41	FURNITURE	121317	SL	10.00	16	2,414.			2,414.	141.		241.
42	B241 OFFICE REPAIRS	071917	SL	40.00	16	4,755.			4,755.	109.		119.
43	AC	071917	SL	40.00	16	1,585.			1,585.	36.		40.
44	65" FLAT SCREEN TV	080618	SL	5.00	16	780.			780.			143.
45	LEASEHOLD IMPROVEMENTS	080118	SL	39.00	16	65,265.			65,265.			1,464.
46	LEASEHOLD IMPROVEMENTS	103118	SL	39.00	16	7,600.			7,600.			130.
47	NEW FLOORING	122118	SL	39.00	16	4,783.			4,783.			61.
48	NEW COMPUTERS	062819	SL	5.00	16	8,193.			8,193.			0.
49	IPADS (4)	062819	SL	5.00	16	3,712.			3,712.			0.
50	SURFACE LAPTOPS (2)	062819	SL	5.00	16	2,336.			2,336.			0.
51	SURFACE BOOKS (3)	062819	SL	5.00	16	5,124.			5,124.			0.
	* TOTAL 990 PAGE 10 DEPR					165,390.		0.	165,390.	24,679.		10,656.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					67,597.		0.	67,597.	24,679.		



2018 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - INDIAN RIVER COUNTY HEALTHY START  
COALITION, INC.

Asset No.	Description	Date Acquired		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	ACQUISITIONS						97,793.		0.	97,793.	0.		
	DISPOSITIONS						0.		0.	0.	0.		
	ENDING BALANCE						165,390.		0.	165,390.	24,679.		



2019 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

INDIAN RIVER COUNTY HEALTHY START  
COALITION, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
1	FURNITURE	091093	SL	10.00	450.		450.	450.	0.
2	CONFERENCE TABLE	050694	SL	10.00	160.		160.	160.	0.
3	OFFICE CHAIRS	010995	SL	10.00	398.		398.	398.	0.
4	METAL STORAGE CABINET	081595	SL	10.00	100.		100.	100.	0.
5	STORAGE CABINET	021500	SL	5.00	329.		329.	329.	0.
6	CREDIT CARD MACHINE	061702	SL	5.00	500.		500.	500.	0.
7	DELL OPTIPLEX	041312	200DB	5.00	799.		799.	399.	0.
8	DELL LATITUDE 14 LAPTOP	070714	SL	5.00	749.		749.	749.	0.
9	DELL LATITUDE 14 LAPTOP	070714	SL	5.00	749.		749.	749.	0.
10	DELL LATITUDE 14 LAPTOP	070714	SL	5.00	749.		749.	749.	0.
11	DELL LATITUDE 14 LAPTOP	070714	SL	5.00	749.		749.	749.	0.
12	BIZHUB C454E COLOR PRINTER	062415	SL	5.00	11,800.		11,800.	9,440.	2,360.
13	SHEVLING - PAT	070215	SL	7.00	554.		554.	316.	79.
14	HEARING EQUIPMENT - PAT	071315	SL	5.00	4,519.		4,519.	3,616.	903.
15	MICRO-SILLA (1 OF 2 COMP)	080715	SL	5.00	729.		729.	572.	146.
16	MICRO-SILLA (2 OF 2 COMP)	080715	SL	5.00	729.		729.	572.	146.
17	COMPUTER	100115	SL	5.00	1,758.		1,758.	1,320.	352.
18	DESKS - PAT	110215	SL	7.00	1,530.		1,530.	803.	219.
19	DESKS - CC	110215	SL	7.00	1,020.		1,020.	535.	146.
20	ED COMPUTER	112715	SL	5.00	1,399.		1,399.	1,003.	280.
21	FURNITURE SUITE O	012816	SL	7.00	1,238.		1,238.	605.	177.
22	FRONT OFFICE DESK	050516	SL	7.00	2,380.		2,380.	1,077.	340.
23	COMPUTER	051616	SL	5.00	1,758.		1,758.	1,085.	352.
24	KRISTEN COMPUTER	051616	SL	5.00	938.		938.	580.	188.
25	PROJECTOR	060916	SL	5.00	700.		700.	432.	140.
26	CARE COORDINATION PAINTING	110415	SL	7.00	600.		600.	315.	86.
27	NEW FLOORING	062617	SL	39.00	10,220.		10,220.	524.	262.
28	NEW OFFICE FURNITURE	062817	SL	7.00	1,500.		1,500.	428.	214.
29	DELL LATITUDE 14 LAPTOP #1	090116	SL	5.00	424.		424.	241.	85.
30	DELL LATITUDE 14 LAPTOP #2	090116	SL	5.00	424.		424.	241.	85.
31	DELL LATITUDE 14 LAPTOP #3	090116	SL	5.00	424.		424.	241.	85.
32	DELL LATITUDE 14 LAPTOP #4	090116	SL	5.00	424.		424.	241.	85.
33	HP DESKTOP COMPUTER	070116	SL	5.00	580.		580.	348.	116.
34	DELL DESKTOP COMPUTER	070116	SL	5.00	747.		747.	447.	149.

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2019 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

INDIAN RIVER COUNTY HEALTHY START  
COALITION, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
35	DELL DESKTOP COMPUTER	070116	SL	5.00	747.		747.	447.	149.
36	BUSH BUSINESS FURN-WORKSTATION	070116	SL	7.00	1,147.		1,147.	492.	164.
37	BUSH BUSINESS FURN-WORKSTATION	070116	SL	7.00	1,147.		1,147.	492.	164.
38	DELL OPTIPLEX COMPUTER	070116	SL	5.00	850.		850.	510.	170.
39	DELL DESKTOP COMPUTER	070116	SL	5.00	850.		850.	510.	170.
40	BUILDING SIGN	092717	SL	40.00	1,975.		1,975.	86.	49.
41	COMM. ROOM FURNITURE	121317	SL	10.00	2,414.		2,414.	382.	241.
42	B241 OFFICE REPAIRS	071917	SL	40.00	4,755.		4,755.	228.	119.
43	AC	071917	SL	40.00	1,585.		1,585.	76.	40.
44	65" FLAT SCREEN TV	080618	SL	5.00	780.		780.	143.	156.
45	LEASEHOLD IMPROVEMENTS	080118	SL	39.00	65,265.		65,265.	1,464.	1,673.
46	LEASEHOLD IMPROVEMENTS	103118	SL	39.00	7,600.		7,600.	130.	195.
47	NEW FLOORING	122118	SL	39.00	4,783.		4,783.	61.	123.
48	NEW COMPUTERS	062819	SL	5.00	8,193.		8,193.		1,639.
49	IPADS (4)	062819	SL	5.00	3,712.		3,712.		742.
50	SURFACE LAPTOPS (2)	062819	SL	5.00	2,336.		2,336.		467.
51	SURFACE BOOKS (3)	062819	SL	5.00	5,124.		5,124.		1,025.
	* TOTAL 990 PAGE 10 DEPR				165,390.		165,390.	35,335.	14,281.

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning JUL 1, 2018, and ending JUN 30, 2019

# 2018

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

**INDIAN RIVER COUNTY HEALTHY START  
COALITION, INC.**

Employer identification number

**65-0363222**

Name and title of officer

**AUDREY RICHARDS  
PRESIDENT**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here	▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>2,007,281.</u>
<b>2a</b> Form 990-EZ check here	▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here	▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c)	<b>5b</b> _____

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize OFFUTT BARTON SCHLITT, LLC to enter my PIN 09034  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**65262132963**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 01/15/20

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

823051 10-26-18

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>INDIAN RIVER COUNTY HEALTHY START COALITION, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1555 INDIAN RIVER BLVD B241</b> City or town, state or province, country, and ZIP or foreign postal code <b>VERO BEACH, FL 32960</b> <b>F</b> Name and address of principal officer: <b>AUDREY RICHARDS</b> <b>333 17TH ST, STE. 2R, VERO BEACH, FL 32960</b>	<b>D</b> Employer identification number <b>65-0363222</b> <b>E</b> Telephone number <b>(772) 563-9118</b> <b>G</b> Gross receipts \$ <b>2,142,808.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.IRCHEALTHYSTART.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1992</b> <b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO DEVELOP AND SUPPORT A LOCAL SYSTEM OF CARE TO OPTIMIZE THE HEALTH OF MOMS, BABIES AND THEIR</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>7</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>7</b>
<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>7</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>150</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>1,532,667.</b>	<b>1,684,750.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>202,210.</b>	<b>322,531.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,734,877.</b>	<b>2,007,281.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>185,938.</b>	<b>301,211.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>30,871.</b>		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,366,388.</b>	<b>1,392,368.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,552,326.</b>	<b>1,693,579.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>182,551.</b>	<b>313,702.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>2,285,511.</b>	<b>2,569,263.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>937,651.</b>	<b>907,701.</b>
		<b>1,347,860.</b>	<b>1,661,562.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>AUDREY RICHARDS, PRESIDENT</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>WILLIAM F. SCHLITT</b>	Preparer's signature Date <b>01/15/20</b>
	Firm's name ▶ <b>OFFUTT BARTON SCHLITT, LLC</b> Firm's address ▶ <b>570 BEACHLAND BLVD. VERO BEACH, FL 32963</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00854938</b> Firm's EIN ▶ <b>46-1585527</b> Phone no. (772) 231-2100

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

INDIAN RIVER COUNTY HEALTHY START  
COALITION, INC.

Form 990 (2018)

65-0363222 Page 2

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:  
TO DEVELOP AND SUPPORT A LOCAL SYSTEM OF CARE TO OPTIMIZE THE HEALTH OF MOMS, BABIES AND THEIR FAMILIES LIVING IN INDIAN RIVER COUNTY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 277,475. including grants of \$ ) (Revenue \$ )  
HEALTHY START HEALTH EDUCATION SERVICES ARE PROVIDED TO PREGNANT WOMEN AT RISK OF POOR BIRTH OUTCOMES OR INFANTS AT RISK OF INFANT MORTALITY IN THEIR FIRST YEAR OF LIFE. WOMEN RECEIVE EDUCATION AND PERSONAL SUPPORT THROUGH PREGNANCY AND/OR UP THROUGH THE INFANT'S FIRST THREE YEARS OF LIFE. IT PROVIDES ONE ON ONE PERSONAL SUPPORT SERVICES BY CARE COORDINATORS THROUGH HOME VISITS, PHONE CONTACT AND REFERRAL TO COMMUNITY RESOURCES. IT IS A VOLUNTARY PROGRAM FUNDED THROUGH A CONTRACT BETWEEN THE COALITION AND FLORIDA'S DEPARTMENT OF HEALTH.

4b (Code: ) (Expenses \$ 452,243. including grants of \$ ) (Revenue \$ )  
HEALTHY FAMILIES IS A VOLUNTARY HOME VISITATION PROGRAM OFFERED TO PARENTS ASSESSED AS BEING AT RISK. HOME VISITORS TEACH CHILD DEVELOPMENT THROUGH CURRICULA, GOAL SETTING AND MODELING INTERACTIVE ACTIVITIES BASED ON TEACHABLE MOMENTS. POSITIVE PARENT/CHILD INTERACTION HELPS CAREGIVERS MANAGE STRESS AND LOWERS THE INCIDENCE OF CHILD MALTREATMENT. THIS IS A VOLUNTARY PROGRAM AND IS FUNDED THROUGH A CONTRACT BETWEEN THE COALITION AND THE OUNCE OF PREVENTION FUND OF FLORIDA. ADDITIONAL FUNDING PROVIDED BY INDIAN RIVER COMMUNITY FOUNDATION, UNITED WAY, CHILDREN'S SERVICES ADVISORY COUNCIL AND GRAND HARBOR COMMUNITY OUTREACH (BOOK GRANT).

4c (Code: ) (Expenses \$ 253,292. including grants of \$ ) (Revenue \$ )  
BABIES AND BEYOND FOCUSES ON TOUCHING EVERY MOM, BABY, AND FAMILY IN INDIAN RIVER COUNTY. THE PROGRAM PROVIDES CHILDBIRTH EDUCATION, LACTATION SUPPORT WITHIN THE HOSPITAL, NURSE HOME VISITATION TO POSTPARTUM MOMS AND BABIES, AND DEVELOPMENTALLY APPROPRIATE PLAY GROUPS. THE PROGRAM WAS DESIGNED TO INCREASE HEALTH LITERACY, STRENGTHENING PARENTING SKILLS, AND ENSURE THAT EACH BABY IN INDIAN RIVER COUNTY GETS THE HEALTHY START THEY DESERVE. EVERY NEWBORN'S FAMILY IN INDIAN RIVER COUNTY IS ELIGIBLE FOR SERVICES. THE PROVISION OF SERVICES IS BASED ON COUNTY OF RESIDENCE. THE CERTIFIED LACTATION COUNSELORS (CLC'S) HOSPITAL VISIT IS OFFERED TO EACH WOMAN WHO DELIVERS HER BABY AT INDIAN RIVER MEDICAL CENTER, AND THE NEWBORN HOME VISIT (NBHV) IS OFFERED TO EVERY WOMAN WHO DELIVERS AT THE HOSPITAL AND LIVES

4d Other program services (Describe in Schedule O.)  
(Expenses \$ 394,839. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,377,849.

Form 990 (2018)

**INDIAN RIVER COUNTY HEALTHY START  
COALITION, INC.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		<b>X</b>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		<b>X</b>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		<b>X</b>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>X</b>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		<b>X</b>

**INDIAN RIVER COUNTY HEALTHY START  
COALITION, INC.**

Form 990 (2018)

65-0363222 Page 4

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	22	X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	23	X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	24a	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	24b	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	24c	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	24d	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	25a	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	25b	X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....	26	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	27	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	28a	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	28b	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	28c	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	29	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	30	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	31	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	32	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	33	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	34	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	35a	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	35b	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	36	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	37	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	38	X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	1a	35
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	1b	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	1c	



INDIAN RIVER COUNTY HEALTHY START  
COALITION, INC.

Form 990 (2018)

65-0363222 Page 5

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		7
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

Form 990 (2018)

**INDIAN RIVER COUNTY HEALTHY START  
COALITION, INC.**

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>1a</b>	7		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	7		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>			<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	<b>3</b>			<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>			<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>			<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>			<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>			<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>			<b>X</b>
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>			
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>		<b>X</b>	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>		<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>		<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>		<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>		<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>		<b>X</b>	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>		<b>X</b>	
<b>b</b> Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<b>15b</b>		<b>X</b>	
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>			<b>X</b>
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**ANDREA BERRY, CEO - (772) 563-9118**  
**1555 INDIAN RIVER BLVD B241, VERO BEACH, FL 32960**

INDIAN RIVER COUNTY HEALTHY START  
COALITION, INC.

Form 990 (2018)

65-0363222 Page 7

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AUDREY RICHARDS PRESIDENT	2.00	X		X				0.	0.	0.
(2) CHARLENE CURRY TREASURER	2.00	X		X				0.	0.	0.
(3) PATRICIA PITTS DIRECTOR	2.00	X						0.	0.	0.
(4) ROBYN STORK-HJALMEBY VICE PRESIDENT	2.00	X		X				0.	0.	0.
(5) KATY HEALY DIRECTOR	2.00	X						0.	0.	0.
(6) P GLENN TREMLL HONORARY BOARD MEMBER	2.00	X						0.	0.	0.
(7) KAREN CAMPBELL DIRECTOR	2.00	X						0.	0.	0.
(8) ANDREA BERRY CEO	40.00			X				82,637.	0.	0.

DRAFT

82,637.	0.	0.
0.	0.	0.
82,637.	0.	0.
		0
		X
		X
		X

INDIAN RIVER MEDICAL CENTER  
1000 36TH STREET, VERO BEACH, FL 32960  
TYKES & TEENS, INC., 3577 SW CORPORATE  
PARKWAY, PALM CITY, FL 34990

CARE COORDINATION	569,074.
HEALTHY FAMILIES	390,905.

INDIAN RIVER COUNTY HEALTHY START  
COALITION, INC.

Form 990 (2018)

65-0363222 Page 9

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b> 170,000.					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b> 149,748.					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b> 907,238.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 457,764.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f .....		1,684,750.				
	Program Service Revenue	<b>2 a</b> _____	<b>Business Code</b>				
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....							
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....						
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	129,456.				
		(ii) Personal	0.				
		<b>c</b> Rental income or (loss) .....	129,456.				
	<b>d</b> Net rental income or (loss) .....		129,456.	129,456.			
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ 149,748. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b> 326,563.					
		<b>b</b> Less: direct expenses .....	<b>b</b> 135,527.				
		<b>c</b> Net income or (loss) from fundraising events .....		191,036.			191,036.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> OTHER INCOME	900099	2,039.	2,039.				
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....		2,039.					
<b>12 Total revenue.</b> See instructions .....		2,007,281.	131,495.	0.	191,036.		

INDIAN RIVER COUNTY HEALTHY START  
COALITION, INC.

Form 990 (2018)

65-0363222 Page 10

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	248,644.	162,025.	64,203.	22,416.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits .....				
10 Payroll taxes .....	52,567.	27,031.	22,554.	2,982.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....				
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	89,116.	17,573.	71,543.	
12 Advertising and promotion .....	7,357.	755.	6,602.	
13 Office expenses .....	31,318.	12,230.	15,910.	3,178.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	67,935.	57,988.	9,947.	
17 Travel .....	47,163.	40,634.	6,529.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....				
20 Interest .....	37,519.		37,519.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	47,096.	29,964.	17,132.	
23 Insurance .....	13,053.	11,818.	1,235.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>CONTRACT SERVICES</b>	967,244.	963,654.	2,500.	1,090.
b <b>SUPPLIES</b>	23,094.	23,094.	0.	0.
c <b>DUES AND SUBSCRIPTIONS</b>	17,197.	5,914.	11,283.	0.
d <b>TELEPHONE</b>	16,615.	11,631.	4,984.	0.
e All other expenses .....	27,661.	13,538.	12,918.	1,205.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>1,693,579.</b>	<b>1,377,849.</b>	<b>284,859.</b>	<b>30,871.</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

INDIAN RIVER COUNTY HEALTHY START  
COALITION, INC.

Form 990 (2018)

65-0363222 Page 11

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	266,286.	<b>1</b>	341,014.
	<b>2</b> Savings and temporary cash investments .....	523,899.	<b>2</b>	640,320.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	144,206.	<b>4</b>	199,205.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	43,084.	<b>7</b>	36,714.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	9,115.	<b>9</b>	5,411.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,434,919.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 103,969.	1,280,252.	<b>10c</b> 1,330,950.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	18,669.	<b>15</b>	15,649.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	2,285,511.	<b>16</b>	2,569,263.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	173,669.	<b>17</b>	171,499.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	763,982.	<b>23</b>	736,202.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	937,651.	<b>26</b>	907,701.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	1,327,566.	<b>27</b>	1,535,691.
	<b>28</b> Temporarily restricted net assets .....	20,294.	<b>28</b>	125,871.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	1,347,860.	<b>33</b>	1,661,562.	
<b>34</b> Total liabilities and net assets/fund balances .....	2,285,511.	<b>34</b>	2,569,263.	

Form 990 (2018)

**INDIAN RIVER COUNTY HEALTHY START  
COALITION, INC.**

Form 990 (2018)

65-0363222 Page **12**

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>2,007,281.</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>1,693,579.</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>313,702.</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>1,347,860.</b>
<b>5</b>	Net unrealized gains (losses) on investments	
<b>6</b>	Donated services and use of facilities	
<b>7</b>	Investment expenses	
<b>8</b>	Prior period adjustments	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>0.</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>1,661,562.</b>

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>X</b>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		<b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2018)



# Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **INDIAN RIVER COUNTY HEALTHY START COALITION, INC.**  
Employer identification number **65-0363222**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations \_\_\_\_\_

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

INDIAN RIVER COUNTY HEALTHY START

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1148116.	1182074.	1279781.	1417307.	1535002.	6562280.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	1148116.	1182074.	1279781.	1417307.	1535002.	6562280.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						6562280.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	1148116.	1182074.	1279781.	1417307.	1535002.	6562280.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....				68,533.	129,456.	197,989.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	1,437.	606.	9,519.	6,183.	2,039.	19,784.
<b>11 Total support.</b> Add lines 7 through 10						6780053.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	326,663.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	96.79 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	98.58 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

INDIAN RIVER COUNTY HEALTHY START

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

INDIAN RIVER COUNTY HEALTHY START

Schedule A (Form 990 or 990-EZ) 2018

COALITION, INC.

65-0363222 Page 7

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

INDIAN RIVER COUNTY HEALTHY START

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

DRAFT



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

INDIAN RIVER COUNTY HEALTHY START  
COALITION, INC.

Employer identification number

65-0363222

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>INDIAN RIVER COUNTY HEALTHY START COALITION, INC.</b>	Employer identification number <b>65-0363222</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DEPARTMENT OF HEALTH  4042 BALD CYPRESS WAY  TALLAHASSEE, FL 32399	\$ 304,771.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE OUNCE OF PREVENTION FUND OF FLORIDA  111 NORTH GADSDEN STREET, SUITE 200  TALLAHASSEE, FL 32301	\$ 341,270.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	HEALTHY START MOMCARE NETWORK, INC.  1311 N. PAUL RUSSELL ROAD, STE. A204  TALLAHASSEE, FL 32301	\$ 261,197.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	UNITED WAY OF INDIAN RIVER COUNTY  1836 14TH AVENUE  VERO BEACH, FL 32960	\$ 170,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>INDIAN RIVER COUNTY HEALTHY START COALITION, INC.</b>	Employer identification number <b>65-0363222</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization <b>INDIAN RIVER COUNTY HEALTHY START COALITION, INC.</b>	Employer identification number <b>65-0363222</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**  
**Open to Public Inspection**

**Name of the organization** INDIAN RIVER COUNTY HEALTHY START COALITION, INC. **Employer identification number** 65-0363222

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)     Preservation of a historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

**INDIAN RIVER COUNTY HEALTHY START  
COALITION, INC.**

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  \_\_\_\_\_ %
  - b** Permanent endowment  \_\_\_\_\_ %
  - c** Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings		1,271,941.	64,413.	1,207,528.
<b>c</b> Leasehold improvements		83,988.	1,959.	82,029.
<b>d</b> Equipment		78,990.	37,597.	41,393.
<b>e</b> Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  **1,330,950.**

**INDIAN RIVER COUNTY HEALTHY START  
COALITION, INC.**

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII







**INDIAN RIVER COUNTY HEALTHY START**

Schedule G (Form 990 or 990-EZ) 2018

**COALITION, INC.**

65-0363222 Page 2

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		DANCE (event type)	RACE (event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	448,100.	28,211.		476,311.
	<b>2</b> Less: Contributions .....	149,748.			149,748.
	<b>3</b> Gross income (line 1 minus line 2) .....	298,352.	28,211.		326,563.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	279.	2,048.		2,327.
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....	17,491.	345.		17,836.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	106,208.	9,156.		115,364.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				135,527.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				191,036.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_



INDIAN RIVER COUNTY HEALTHY START  
COALITION, INC.

Schedule G (Form 990 or 990-EZ)

65-0363222 Page 4

**Part IV** Supplemental Information *(continued)*

DRAFT

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

INDIAN RIVER COUNTY HEALTHY START  
COALITION, INC.

Employer identification number  
65-0363222

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FAMILIES LIVING IN INDIAN RIVER COUNTY.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

PARENTS AS TEACHERS FOCUSES ON PROVIDING THE INFORMATION, SUPPORT AND

ENCOURAGEMENT THAT ALL PARENTS NEED TO HELP THEIR CHILDREN DEVELOP

OPTIMALLY DURING THE CRUCIAL EARLY YEARS OF LIFE. SERVICES INCLUDE

SUPPORTING PARENT GROUPS, INCREASING PARENT KNOWLEDGE OR EARLY

CHILDHOOD DEVELOPMENT, PROVIDING SERVICES TO AID IN THE EARLY DETECTION

OF DEVELOPMENTAL DELAYS AND OTHER HEALTH ISSUES, PREVENT CHILD ABUSE

AND NEGLECT AND INCREASE CHILDREN'S SCHOOL READINESS AND SUCCESS RATES.

THE VOLUNTARY PROGRAM IS FUNDED THROUGH A CONTRACT BETWEEN UNITED WAY,

CHILDREN'S SERVICES ADVISORY COUNCIL, AND GRAND HARBOR COMMUNITY

OUTREACH (BOOK GRANT).

COORDINATED INTAKE AND REFERRAL IS THE GATEWAY TO ALL INDIAN RIVER

COUNTY HEALTHY START COALITION'S PROGRAMS AND SERVICES. THE STATE OF

FLORIDA HAS TASKED THE HEALTHY START COALITIONS WITH ESTABLISHING AND

MAINTAINING A CI&R SYSTEM OF CARE IN EVERY COUNTY THROUGHOUT THE STATE.

IT'S THROUGH CI&R THAT PARTICIPANTS ARE CONTACTED, ASSESSED, PROVIDED

INFORMATION, AND CONNECTED TO HOME VISITING PROGRAMS AND OTHER

COMMUNITY SERVICES. ELIGIBILITY FOR CI&R PROGRAMS BEGINS WHEN A

PREGNANT WOMAN OR AN INFANT/CHILD IS REFERRED TO CI&R BY A HEALTH CARE

PROVIDER, A COMMUNITY SERVICE PROVIDER, OR THROUGH A SELF-REFERRAL.

THE NURSE FAMILY PARTNERSHIP IS AN EMPOWERMENT PROGRAM FOR FIRST-TIME

MOMS. THE PROGRAM HELPS TRANSFORM NEW MOMS LIVES AND CREATE BETTER

FUTURES FOR THEMSELVES AND THEIR BABIES. THE PROGRAM WORKS BY HAVING

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization	INDIAN RIVER COUNTY HEALTHY START COALITION, INC.	Employer identification number	65-0363222
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TRAINED REGISTERED NURSES (RN) REGULARLY VISIT YOUNG, FIRST-TIME MOMS-TO-BE, EARLY IN THE FIRST TRIMESTER, AND CONTINUING TO THE CHILD'S SECOND BIRTHDAY. EXPECTANT MOTHERS BENEFIT BY RECEIVING THE CARE AND SUPPORT NEEDED TO HAVE A HEALTHY PREGNANCY. PROGRAM COMPLETION CONSTITUTES THREE YEARS OF ACTIVE PARTICIPATION IN THE NFP PROGRAM. THE PROGRAM PARTICIPANT WILL VOLUNTARILY ACCEPT SERVICES FROM THE RN DURING THE PRENATAL PERIOD AND TWO YEARS AFTER, UNTIL THE CHILD IS TWO YEARS OLD. NURSE FAMILY PARTNERSHIP RN'S PROVIDE ASSISTANCE TO MOTHERS, BABIES AND FAMILY TO ATTAIN A STABLE LIFE ENVIRONMENT AND SUCCEED IN RAISING THEIR CHILD/CHILDREN. THIS IS A VOLUNTARY PROGRAM AND FUNDING IS PROVIDED BY UNITED WAY, CHILDREN'S SERVICES ADVISORY COUNCIL, JOHN'S ISLAND SERVICE LEAGUE AND THE INDIAN RIVER COUNTY HOSPITAL DISTRICT. THE HEALTHY START DOULA PROGRAM SUPPORTS, EDUCATES, AND EMPOWERS PREGNANT WOMEN TO TAKE CONTROL OF THEIR HEALTH. A DOULA IS A TRAINED NON-MEDICAL PROFESSIONAL WHO PROVIDES CONTINUOUS PHYSICAL, EMOTIONAL, AND INFORMATION SUPPORT TO A MOTHER BEFORE, DURING, AND SHORTLY AFTER CHILDBIRTH (POSTNATALLY). A DOULA HELPS ENSURE THAT THE MOTHER ACHIEVES THE HEALTHIEST, MOST REWARDING BIRTH EXPERIENCE POSSIBLE. THIS PROGRAM AIMS TO IMPROVE BIRTH OUTCOMES AND HEALTH LITERACY FOR RESIDENTS OF INDIAN RIVER COUNTY. THIS IS ACHIEVED BY PROVIDING PRENATAL EDUCATIONAL SUPPORT AND CONTINUOUS SUPPORT TO THE LABORING WOMEN AT THE HOSPITAL. THIS IS A VOLUNTARY PROGRAM AND FUNDING IS PROVIDED BY CHILDREN'S SERVICES ADVISORY COUNCIL AND JOHN'S ISLAND SERVICE LEAGUE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:  
IN INDIAN RIVER COUNTY. THE PROGRAM'S STAFF IS HOUSED AT CLEVELAND CLINIC INDIAN RIVER HOSPITAL AND AT PARTNERS IN WOMAN'S CARE. IN ADDITION, THE PROGRAM IS PROMOTED AT ALL OB/GYN PRACTICES IN THE

Name of the organization	INDIAN RIVER COUNTY HEALTHY START COALITION, INC.	Employer identification number	65-0363222
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COUNTY. PROGRAM INFORMATION IS ALSO MADE AVAILABLE AT PEDIATRICIAN OFFICES THROUGHOUT THE COUNTY, AT THE LOCAL HEALTH DEPARTMENT, AND WIC OFFICES. THIS IS A VOLUNTARY PROGRAM AND FUNDING IS PROVIDED BY QUAIL VALLEY CHARITIES (BOOK AND ONESIES), UNITED WAY, CHILDREN'S SERVICES ADVISORY COUNCIL AND THE INDIAN RIVER COUNTY HOSPITAL DISTRICT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PARENTS AS TEACHERS FOCUSES ON PROVIDING THE INFORMATION, SUPPORT AND ENCOURAGEMENT THAT ALL PARENTS NEED TO HELP THEIR CHILDREN DEVELOP OPTIMALLY DURING THE CRUCIAL EARLY YEARS OF LIFE. SERVICES INCLUDE SUPPORTING PARENT GROUPS, INCREASING PARENT KNOWLEDGE OR EARLY CHILDHOOD DEVELOPMENT, PROVIDING SERVICES TO AID IN THE EARLY DETECTION OF DEVELOPMENTAL DELAYS AND OTHER HEALTH ISSUES, PREVENT CHILD ABUSE AND NEGLECT AND INCREASE CHILDREN'S SCHOOL READINESS AND SUCCESS RATES. THE VOLUNTARY PROGRAM IS FUNDED THROUGH A CONTRACT BETWEEN UNITED WAY, CHILDREN'S SERVICES ADVISORY COUNCIL, AND GRAND HARBOR COMMUNITY OUTREACH (BOOK GRANT).

COORDINATED INTAKE AND REFERRAL IS THE GATEWAY TO ALL INDIAN RIVER COUNTY HEALTHY START COALITION'S PROGRAMS AND SERVICES. THE STATE OF FLORIDA HAS TASKED THE HEALTHY START COALITIONS WITH ESTABLISHING AND MAINTAINING A CI&R SYSTEM OF CARE IN EVERY COUNTY THROUGHOUT THE STATE. IT'S THROUGH CI&R THAT PARTICIPANTS ARE CONTACTED, ASSESSED, PROVIDED INFORMATION, AND CONNECTED TO HOME VISITING PROGRAMS AND OTHER COMMUNITY SERVICES. ELIGIBILITY FOR CI&R PROGRAMS BEGINS WHEN A PREGNANT WOMAN OR AN INFANT/CHILD IS REFERRED TO CI&R BY A HEALTH CARE PROVIDER, A COMMUNITY SERVICE PROVIDER, OR THROUGH A SELF-REFERRAL.

THE NURSE FAMILY PARTNERSHIP IS AN EMPOWERMENT PROGRAM FOR FIRST-TIME MOMS. THE PROGRAM HELPS TRANSFORM NEW MOMS LIVES AND CREATE BETTER

Name of the organization INDIAN RIVER COUNTY HEALTHY START COALITION, INC.	Employer identification number 65-0363222
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FUTURES FOR THEMSELVES AND THEIR BABIES. THE PROGRAM WORKS BY HAVING TRAINED REGISTERED NURSES (RN) REGULARLY VISIT YOUNG, FIRST-TIME MOMS-TO-BE, EARLY IN THE FIRST TRIMESTER, AND CONTINUING TO THE CHILD'S SECOND BIRTHDAY. EXPECTANT MOTHERS BENEFIT BY RECEIVING THE CARE AND SUPPORT NEEDED TO HAVE A HEALTHY PREGNANCY. PROGRAM COMPLETION CONSTITUTES THREE YEARS OF ACTIVE PARTICIPATION IN THE NFP PROGRAM. THE PROGRAM PARTICIPANT WILL VOLUNTARILY ACCEPT SERVICES FROM THE RN DURING THE PRENATAL PERIOD AND TWO YEARS AFTER, UNTIL THE CHILD IS TWO YEARS OLD. NURSE FAMILY PARTNERSHIP RN'S PROVIDE ASSISTANCE TO MOTHERS, BABIES AND FAMILY TO ATTAIN A STABLE LIFE ENVIRONMENT AND SUCCEED IN RAISING THEIR CHILD/CHILDREN. THIS IS A VOLUNTARY PROGRAM AND FUNDING IS PROVIDED BY UNITED WAY, CHILDREN'S SERVICES ADVISORY COUNCIL, JOHN'S ISLAND SERVICE LEAGUE AND THE INDIAN RIVER COUNTY HOSPITAL DISTRICT. THE HEALTHY START DOULA PROGRAM SUPPORTS, EDUCATES, AND EMPOWERS PREGNANT WOMEN TO TAKE CONTROL OF THEIR HEALTH. A DOULA IS A TRAINED NON-MEDICAL PROFESSIONAL WHO PROVIDES CONTINUOUS PHYSICAL, EMOTIONAL, AND INFORMATION SUPPORT TO A MOTHER BEFORE, DURING, AND SHORTLY AFTER CHILDBIRTH (POSTNATALLY). A DOULA HELPS ENSURE THAT THE MOTHER ACHIEVES THE HEALTHIEST, MOST REWARDING BIRTH EXPERIENCE POSSIBLE. THIS PROGRAM AIMS TO IMPROVE BIRTH OUTCOMES AND HEALTH LITERACY FOR RESIDENTS OF INDIAN RIVER COUNTY. THIS IS ACHIEVED BY PROVIDING PRENATAL EDUCATIONAL SUPPORT AND CONTINUOUS SUPPORT TO THE LABORING WOMEN AT THE HOSPITAL. THIS IS A VOLUNTARY PROGRAM AND FUNDING IS PROVIDED BY CHILDREN'S SERVICES ADVISORY COUNCIL AND JOHN'S ISLAND SERVICE LEAGUE. EXPENSES \$ 394,839. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE DRAFT FORM 990 IS REVIEWED BY TREASUER OF THE BOARD AND THEN SUBMITTED



Name of the organization INDIAN RIVER COUNTY HEALTHY START COALITION, INC.	Employer identification number 65-0363222
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TO THE GROUP BOARD MEETING FOR FINAL APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE EDUCATED ON WHAT CONSTITUTES A CONFLICT OF INTEREST, AND ARE REQUIRED TO DISCLOSE IN BOARD MEETINGS ANY CONFLICT OF INTEREST THEY MIGHT HAVE.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION FORMED A COMMITTEE TO FIND ELIGIBLE EXECUTIVE DIRECTOR CANDIDATES. THEN THE BOARD SELECTED AN EXECUTIVE DIRECTOR FROM A SHORT LIST OF QUALIFIED CANDIDATES. DATA ON SALARIES IS BROUGHT TO THE BOARD OF DIRECTOR MEETING FOR APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. BOARD MEETINGS WHERE GOVERNING DOCUMENTS ARE DISCUSSED, ADOPTED, AMENDED, OR RESCINDED ARE ALSO OPEN TO PUBLIC INSPECTION.

FORM 990 PART XII LINE 2C

BOARD MEMBERS SELECT AND OVERSEE INDEPENDENT AUDITOR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization **INDIAN RIVER COUNTY HEALTHY START COALITION, INC.** Employer identification number **65-0363222**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
IRCHSC PROPERTIES LLC 1555 INDIAN RIVER BLVD B241 VERO BEACH, FL 32960	HOLDING COMPANY	FLORIDA	129,456.	1,321,322.	INDIAN RIVER COUNTY HEALTHY START COALITION INC

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

INDIAN RIVER COUNTY HEALTHY START

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

INDIAN RIVER COUNTY HEALTHY START  
COALITION, INC.

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>1e</b>		
<b>1f</b>		
<b>1g</b>		
<b>1h</b>		
<b>1i</b>		
<b>1j</b>		
<b>1k</b>		
<b>1l</b>		
<b>1m</b>		
<b>1n</b>		
<b>1o</b>		
<b>1p</b>		
<b>1q</b>		
<b>1r</b>		
<b>1s</b>		

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>				
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				



**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for supplemental information with a large 'DRAFT' watermark.

Department of the Treasury Internal Revenue Service (99)

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

INDIAN RIVER COUNTY HEALTHY START COALITION, INC.

FORM 990 PAGE 10

65-0363222

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 columns: Line number, Description, Amount, and two empty columns. Rows 1-13 detailing property election amounts.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

Table with 3 columns: Line number, Description, and Amount. Rows 14-16 detailing special depreciation allowance.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 3 columns: Line number, Description, and Amount. Rows 17-18 detailing MACRS deductions.

Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

Table with 7 columns: Classification of property, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, and Depreciation deduction. Rows 19a-i.

Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

Table with 7 columns: Class life, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, and Depreciation deduction. Rows 20a-d.

Part IV Summary (See instructions.)

Table with 3 columns: Line number, Description, and Amount. Rows 21-23 summarizing depreciation amounts.

**INDIAN RIVER COUNTY HEALTHY START  
COALITION, INC.**

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (don't include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2018 tax year:					
<b>43</b> Amortization of costs that began before your 2018 tax year					<b>43</b>
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report					<b>44</b>



# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>INDIAN RIVER COUNTY HEALTHY START COALITION, INC.</b>	Employer identification number (EIN) or  <b>65-0363222</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1555 INDIAN RIVER BLVD B241</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>VERO BEACH, FL 32960</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**ANDREA BERRY, CEO**

- The books are in the care of ▶ **1555 INDIAN RIVER BLVD B241 - VERO BEACH, FL 32960**  
Telephone No. ▶ **(772) 563-9118** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2018**, and ending **JUN 30, 2019**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.